



# The Role of “Touch” in the Assessment of New Wound Care Dressings

Elizabeth C. Konz<sup>1</sup>, PhD, RD, Mark Leonard<sup>2</sup>, Thomas Nichols<sup>1</sup>, MS, MBA, Thomas Overmyer<sup>3</sup>

<sup>1</sup>Hollister Incorporated, Libertyville, IL, <sup>2</sup>Next Level Communications, Lincolnshire, IL, <sup>3</sup>Prescience Inc., Barrington, IL

## Introduction

- Ease of application and ease of removal of contact layer dressings have been demonstrated to be critical factors in the selection of wound care dressings [1, 2].
- Consumer research indicates that the role of tactile assessment of a product can vary; however, tactile input clearly influences product evaluations [3].
- In consumer research, the value of tactile assessment appears to be most germane to product selection when the sense of touch is used to diagnose or identify properties of a product that are predictive of substance properties relevant to product performance [4].
- For example: tactile assessment was clearly important in assessing clothing and fruits and vegetables, but of minimal or no importance when determining product preferences for toothpaste or soap.

## Objectives:

1. To physically assess differences between two contact layer dressings\* based on touch
2. To identify driving factors for the selection of a contact layer dressing with wound care professionals
3. To assess user preference for three product attributes

## Methods

- In an informal, non-clinical, tactile assessment conducted at the Hollister Incorporated exhibit booth during the Wound, Ostomy and Continence Nurses Society meeting in June of 2007
- 389 wound care professionals evaluated the characteristics of a new non-adherent contact layer (Product A) and a non-adherent, silicone-based dressing (Product B)
- All products were unbranded and cut to a similar size of approximately 2 inches by 2 inches

## Characteristics of the wound care professionals

- 61% of the participants declared that they were either decision makers or advisors in the selection process for wound care dressings
- 34% stated that they were part of the implementation team responsible for managing patients with various types of wounds

## Evaluations



Removal of Product B from skin

- **Ease of removal from the skin**
  - Both dressings were applied to the back of the healthcare professional's hand
  - Each dressing was slowly removed, noting any propensity for the dressing to pull healthy skin



Product A

Product B



Product A

Product B



Product A

Product B

- **Adherence of the dressing to itself**
  - Assessed during an exercise where the wound care professionals used the same dressings employed in the first evaluation and crumpled both in the palms of their hands
  - Next the respondents opened their hands and noted the degree to which each dressing adhered to itself

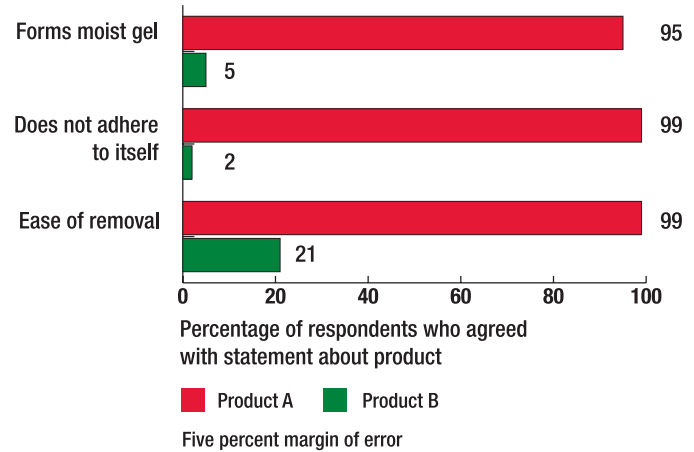


Evaluation of Product A

- **Formation of a moist gel when exposed to a saline solution**
  - Pairs of dressings that had been submersed in a saline solution to simulate wound exudate were evaluated
  - Both dressings were exposed to the saline solution for the same period of time, which was not less than 30 minutes or longer than 4 hours
  - Each of the products was removed from the saline solution and evaluated by running the thumb and forefinger along the dressings

**Based on the properties evaluated in this tactile assessment, 98% of responding wound care professionals stated a purchase preference for Product A\***

### Results of Tactile Assessment



### Results

- Agreed that product was easy to remove from the skin
  - 99 % Product A
  - 21 % Product B
- Agreed that product did not adhere to itself
  - 99 % Product A
  - 2 % Product B
- Agreed that product formed a moist gel when exposed to a saline solution
  - 95 % Product A
  - 5 % Product B
- **Reason given for the selection of Product A was the perceived ease of use**
  - Driving factor for this preference was the dramatic difference seen in the way the dressing adhered to itself
  - This feature was not intuitive to the wound care professionals prior to tactile assessment
  - The wound care professionals perceived that there was potential lost time for dressing placement or removal associated with the “stickiness” of Product B

- Lack of adherence to the skin noted with Product A was most frequently perceived to be advantageous during the changing of wound dressings
- The wound care professionals correlated the non-adherent property of the dressing to less disruption of the wound healing process and less trauma or pain for the patient
- Tactile assessment revealed that Product A created a moist gel when exposed to the saline solution
  - This property was only detectable by tactile evaluation
  - The wound care professionals perceived the creation of a moist gel to be a distinctively positive feature of Product A
  - The formation of a moist gel was associated with an environment that helps promote wound healing

## Conclusion

Although this exercise was not designed to be a definitive study regarding the role of tactile assessment in the selection of wound care dressings, it can be concluded from the results that the salient properties of these contact layers were not discernable without the “hands on” assessment by healthcare professionals who are ultimately charged with the care of patients. In an era of evidence-based medicine, it appears that for wound care dressings, such as those examined in this evaluation, all participants in the decision making process should consider pivotal evidence that may only be detectable through tactile assessment.

\* Product A was **Restore** Contact Layer Dressing with TRIACT Technology, Hollister Wound Care LLC; Product B was a commonly used silicone-based contact layer dressing.

## References:

1. Meaume S, Senet P, Dumas R, Carsin H, Pannier M, Bohbot S. (2002). Urgotul®: a novel non-adherent lipidocolloid dressing. *Br J Nurs* 11 (16) (TVN Suppl): S42-3, S46-50
2. Meaume S, Téot L, Lazareth I, Martini J, Bohbot S. (2004). The importance of pain reduction through dressing selection in routine wound management: the MAPP study. *J Wound Care*, 13(10), 409-413.
3. Grohmann B, Spangenberg ER, Sprott DE. (2007). The influence of tactile input on the evaluation of retail product offerings. *Journal of Retailing* 83 (2) 237-245.
4. Peck J, Childers TL, (2003b). To Have and to Hold: The Influence of Haptic Information on Product Judgments. *Journal of Marketing*, 67 (2) 35-48.

As Presented at  
**Clinical Symposium on Advances in  
 Skin & Wound Care**

October 10-14, 2007  
 Nashville, TN

### FINANCIAL ASSISTANCE/DISCLOSURE

The support of Hollister Incorporated and Hollister Wound Care LLC for this clinical presentation is gratefully acknowledged.

Hollisterwoundcare and wave logo are trademarks of Hollister Incorporated. Restore and TRIACT are trademarks of Hollister Wound Care LLC. U.S. Patent No. 6,270,792 and 6,794,555. ©2007 Hollister Wound Care LLC.

909918-907

  
**hollisterwoundcare**

An alliance of Hollister Incorporated and Laboratoires URGO

### Hollister Wound Care LLC

Libertyville, Illinois 60048  
 1.800.323.4060

Distributed in Canada by

### Hollister Limited

95 Mary Street  
 Aurora, Ontario L4G 1G3  
 1.800.263.7400

[www.hollisterwoundcare.com](http://www.hollisterwoundcare.com)